Published by PharmaCare to provide information for British Columbia's community pharmacists.
Please circulate among dispensing staff.

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BRITISH COLUMBIA Ministry of Health

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PharmaCare is now part of a new division with its own Assistant Deputy Minister. **Bob Nakagawa** is now the ADM of the new Pharmaceutical Services Division, which includes both PharmaCare and the B.C. National Pharmaceuticals Strategy Secretariat.

Suzanne Solven recently returned to her position as Executive Director, PharmaCare.

Heather Davidson, who had been A/Executive Director for the past year, has accepted a position as Executive Director of Housing Policy with the Ministry of Forests and Range.

Andrew van der Gugten is the A/Executive Director of the National Pharmaceuticals Strategy Secretariat.

If a patient decides not to pick up a prescription because they want to enroll in the Fair PharmaCare Monthly Deductible Payment Option (MDPO), please reverse the claim as soon as possible.

If the claim is not reversed and is still on PharmaNet when the patient attempts to enroll for the MDPO, the patient's accumulation towards their deductible will be incorrect.

As a result:

- if they enroll in the MDPO, their monthly payments will be set too low and they may owe PharmaCare at the end of the year, or
- it may look as if the family's deductible has been met, making them ineligible to enroll in the MDPO at all.

Prompt reversal of the claim(s) will help to avoid these problems.

Effective November 25, 2005, all brand name and generic strengths of cyclosporine capsules were included in the PharmaCare Low Cost Alternative (LCA) Program. As result, some cyclosporine capsules became partial benefits.

IMPORTANT: Patients who were receiving Special Authority coverage of Neoral® 25mg, 50mg, and 100mg capsules before November 25, 2005, are not affected. They continue to receive full benefit coverage of these products under indefinite PharmaCare Special Authorities.

For all other patients and for claims for all first-time prescriptions, cyclosporine capsules will be reimbursed according to the rules of the LCA Program as follows:

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
*CYCLOSPORINE CAP 25MG	2247073	SAN	SANDOZ-CYCLOSPORINE CAP 25MG	F	
	2150689	NVR	NEORAL® CAP 25MG	P	$1.0327
*CYCLOSPORINE CAP 50MG	2247074	SAN	SANDOZ-CYCLOSPORINE CAP 50MG	F	
	2150662	NVR	NEORAL® CAP 50MG	P	$2.0135
*CYCLOSPORINE CAP 100MG	2242821	SAN	SANDOZ-CYCLOSPORINE CAP 100MG	F	
	2150670	NVR	NEORAL® CAP 100MG	P	$4.3163

* Requires Special Authority (please refer to the PharmaCare website for criteria).

Is your dispensing fee changing? To reduce the administrative burden for pharmacies, you are no longer required to notify PharmaCare of the change.

Desk Audit Recoveries April 1, 2005 to March 31, 2006

A Desk Audit is a review and analysis of PharmaCare claims relating to a specific issue or drug. Desk Audits focus on identifying overpayments resulting from incorrect submissions on PharmaNet by pharmacies. PharmaCare Audit conducts all Desk Audits by contacting the pharmacy directly; no visit to the pharmacy site is required.

Desk Audits completed in fiscal year 2005/06 resulted in repayment by pharmacies of $351,964.20. The amount recovered in these desk audits consisted of:

- Desmopressin Acetate Nasal Spray 0.1 mg/ml—Total audit recovery of $63,942.29. The desk audit revealed that 151 pharmacies had claimed incorrect dispensed quantities by entering the number of doses instead of "ml per bottle (2.5)". As well, some pharmacies had claimed ingredient costs for Desmopressin Acetate instead of the Low Cost Alternative product that was in effect.
- Enbrel®—Total audit recovery of $138,122.39. This follow-up to an earlier Enbrel Desk Audit revealed that 55 pharmacies were still entering the number of vials instead of the number of kits in the dispensed quantity field. This resulted in adjudication of a dispensed quantity of FOUR (4) instead of the correct quantity of ONE (1).
- Rebetron®—Total audit recovery of $111,405.59. Rebetron claims should have been entered in PharmaNet using a quantity of ONE (1) for each kit. The desk audit revealed 76 pharmacies had incorrectly entered the number of pills in a kit (70 or 84) in lieu of ONE (1) kit.
- Remicade®—Total audit recovery of $19,433.76. This follow-up to the earlier Remicade Desk Audit revealed that 21 of the 81 pharmacies reviewed were still incorrectly entering Remicade claims using a dispensed quantity of "ml" instead of "vials."
- Special Services Fee for Plan B—Total audit recovery of $19,060.17. PharmaCare does not pay Special Services Fee for Plan B claims. The desk audit revealed 40 pharmacies had submitted and were paid a Special Services Fee for Plan B patients.

Four of the five desk audits recoveries resulted from entry of an incorrect unit quantity on PharmaNet. Please ensure your pharmacy enters the appropriate unit quantity. If you are in doubt as to the appropriate unit quantity for a specific DIN, please contact the PharmaNet HelpDesk at Health Insurance BC, using the usual pharmacy numbers, for clarification.

Quantity errors are subject to recovery if they result in an overpayment by PharmaCare. PharmaCare Audit will continue to monitor and conduct follow-up audits to ensure correction of errors.

As usual, PharmaCare Audit appreciates the cooperation of pharmacies when a desk audit is being conducted.

PharmaCare has updated and expanded the Special Authority coverage criteria for clopidogrel as shown below. Criteria and approval periods are:

	Criteria	Approval Period
	1. In secondary prevention of coronary, cerebral and peripheral vascular occlusion and embolization where a person has experienced treatment failure or intolerance to ASA	Indefinite
	OR	
UPDATE	2. Documented post-Percutaneous Coronary Intervention	30 days
	OR	
NEW	3. Documented post-stent procedure with Drug Eluting Stent	Up to 6 months
	OR	
UPDATE	4. For hospital-diagnosed Acute Coronary Syndrome (unstable angina or non-ST elevation myocardial infarction) PLUS in combination with ASA Patients are not eligible for coverage if they: • have severe Congestive Heart Failure, or • are on oral anticoagulants, or • have had coronary revascularization (Coronary Artery Bypass Graft) in the past three months.	30 days

Palliative Care Drug Plan (Plan P) Claiming Reminder

When submitting claims under the Palliative Care Drug Plan, please remember to claim only your pharmacy's:

- Actual Acquisition Cost (AAC), and
- usual dispensing fee.

This applies to both prescription and over-the-counter medications included in the Plan P formulary.

Claims with a dispensing fee above the PharmaCare maximum adjudicate at the maximum fee. The drug cost submitted for Plan P claims is subject to audit and PharmaCare recovers any overpayments.

The number of Special Services fees paid by PharmaCare over the past twelve months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
Mar 2006	2,881	Sep 2005	3,454
Feb 2006	2,328	Aug 2005	3,239
Jan 2006	2,601	Jul 2005	3,046
Dec 2005	3,957	Jun 2005	3,353
Nov 2005	3,775	May 2005	3,135
Oct 2005	3,571	Apr 2005	3,244

OLD DIN	NEW DIN	MAN	DRUG NAME
2246066	2272695	GPM	Gen combo-sterinebs (ipratropium Br/salbutamol sulfate) 0.5 mg/2.5 mg per 2.5mL nebs solution
2195984	0868981	SFY	Suprax® (cefixime) 400 mg tablet

DIN	MAN	DRUG NAME	SPECIAL AUTHORITY CHANGE
2238682	SFY	Plavix® (clopidogrel bisulfate) 75 mg tablet	Special Authority coverage for documented post-stent procedure with Drug Eluting Stent: up to six (6) months.

New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Plans B, C, F, I, and, if applicable, Plan G.

DIN	MAN	DRUG NAME	FULL OR PARTIAL BENEFIT
2247423	APX	APO-AZITHROMYCIN 250 mg tablet	F
2261634	PMS	PMS-AZITHROMYCIN 250 mg tablet	P
2266962	TAR	TARO-CIPROFLOXACIN 250 mg tablet	F
2266970	TAR	TARO-CIPROFLOXACIN 500 mg tablet	F
2270641	OBT	CO-CLONAZEPAM 0.5 mg tablet	P
2270668	OBT	CO-CLONAZEPAM 1 mg tablet	P
2270676	OBT	CO-CLONAZEPAM 2 mg tablet	P
2257912	PMT	IBUPROFEN 200 mg caplet/tablet	P

F – Fully covered

P – Partially covered up to the LCA price

continued on following page...

New Drugs Categorized to LCA and/or RDP, continued

DIN	MAN	DRUG NAME	FULL OR PARTIAL BENEFIT
2270862	PMS	PMS-MOMETASONE 0.1% ointment	F
2273942	PMS	PMS-MIRTAZAPINE 15 mg tablet	P
2269252	PMS	PMS-SIMVASTATIN 5 mg tablet	F
2269260	PMS	PMS-SIMVASTATIN 10 mg tablet	P
2269279	PMS	PMS-SIMVASTATIN 20 mg tablet	P
2269287	PMS	PMS-SIMVASTATIN 40 mg tablet	P
2269295	PMS	PMS-SIMVASTATIN 80 mg tablet	F
2271583	RPH	RATIO-SUMATRIPTAN 50 mg tablet	P
2271591	RPH	RATIO-SUMATRIPTAN 100 mg tablet	P
2273853	GPM	GEN-GABAPENTIN 300 mg capsule	P

F – Fully covered

P – Partially covered up to the LCA price.

New LCA Categories

Please be advised that the following drugs (including both existing PharmaCare benefits and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **May 19, 2006**.

NEW CATEGORY (CHEMICAL NAME)	DIN	MAN	BRAND NAME	LCA STATUS	PRICE
HYDROCHLOROTHIAZIDE 12.5 mg tablet	2274086	PMS	PMS-HYDROCHLOROTHIAZIDE 12.5 mg tablet	P	$0.0215

LCA/RDP Booklet Changes

Please be advised that, effective **May 19, 2006**, the following changes will be made to LCA Category prices (partial reimbursement prices) and/or the benefit status of drugs within an LCA category.

CATEGORY		NEW LCA PRICE	NEW LCA STATUS
ISOSORBIDE MONONITRATE extended release tablet 60 mg			
2126559	IMDUR® extended release 60 mg tablet	0.5138	P
2272830	APO-ISMN extended release 60 mg tablet		P*

P – Partially covered.

P* – Drug is a full benefit if RDP Special Authority is in place.

The following new products are now eligible benefits under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the PharmaCare website at www.health.gov.bc.ca/pharme.

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2269201	BGN	Avonex® PS (interferon beta-1a) 30 mcg/0.5ml syringes	-	-

The following new products are now eligible PharmaCare benefits for Plans B, C, F, I and, if indicated below, Plan G and/or Plan P.

DIN	MAN	DRUG NAME	PLAN G	PLAN P
2248206	GAC	MetroLotion® (metronidazole) 0.75% lotion	-	-
2266660	NOP	NOVO-Atenolol 25 mg tablet	Y	Y
2267217	PGA	Asacol® (mesalamine) 800 mg delayed release tablet	-	-
2233852	ABB	Synthroid® (levothyroxine sodium) 137 mcg tablet	Y	-
2248993	PGA	Zomig® (zolmitriptan) 5 mg nasal spray	-	-

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	MAN	DRUG NAME
2260638	VLH	Ebixa® (memantine) 10 mg tablet
2245689	AVP	Lantus® (insulin glargine) 100 u/mL vial
2264560	NVR	Myfortic® (mycophenolate sodium) 180 mg tablet
2264579	NVR	Myfortic® (mycophenolate sodium) 360 mg tablet
2262339	UNK[1]	Niaspan® (niacin) extended-release 1000 mg tablet
2262347	UNK[1]	Niaspan® (niacin) extended-release 500 mg tablet
2262355	UNK[1]	Niaspan® (niacin) extended-release 750 mg tablet
2270226	NOP	Novo-Bicalutamide (bicalutamide) 50 mg tablet
2273756	NOP	Novo-Glimepiride 1 mg tablet
2273764	NOP	Novo-Glimepiride 2 mg tablet
2273772	NOP	Novo-Glimepiride 4 mg tablet
2261642	PMS	PMS-Azithromycin 600 mg tab
2276089	UNK[2]	Sandoz-Bicalutamide (bicalutamide) 50 mg tablet
2243716	LUI	Venofer® (iron sucrose) 2% w/v injection

1—Oryx
2—Sandoz